Public Comment Form I-64 Riverside Expressway Rehabilitation Project Restore 64

The Kentucky Transportation Cabinet (KYTC) requests that you provide your opinions, ideas and comments in writing on this form so they can be given full consideration during the reconstruction project. Please return this form to a project representative.

All comments are welcome! We appreciate your participation!

Name:	Date:				
Address:	_ Phone	»:			
	_ E-Mai	il: _			
1. How important are the following iss (Please circle the appropriate number)	sues to you with reg	ard t	o this proje	ect?	
ISSUE	NOT				VERY
	IMPORTANT		IMPORTAN		IMPORTANT
Traffic Flow / Congestion	1	2	3	4	5
Safety	1	2	3	4	5
Detour Routes / Signs		2	3	4	5
Truck Traffic	1	2	3	4	5
Business Access	1	2	3	4	5
Residential Access	1	2	3	4	5
Community Facility Access	1	2	3	4	5
Other:					
			end closure	¢?	





3. What are your concerns or issues during the approximately (30) day continuous closure?
4. What additional project information are you interested in?
5. Are there other groups or individuals in the community we should talk to? Please identify them.
6. Is there anything else you would like us to know or consider? Please detail it below.
Please return the completed form to a member of the project tem at the meeting.
Thank you for your comments!



